



630.907.5000 . 1500 SULLIVAN ROAD, AURORA, IL 60506-1000 . IMSA.EDU

## COVID-19 Health Report

You understand and acknowledge that there is an inherent risk of exposure to COVID-19 in any public place where people are present and therefore agree to adhere to the following safety protocols to minimize such risk:

- |   |     |    |
|---|-----|----|
| 1. Are you sick or do you have any of the following symptoms: cough, fever, chills, muscle pain, shortness of breath or difficulty breathing, sore throat, new loss of taste or smell, or have been exposed in the past 14 days to someone who is sick or has those symptoms? | YES | NO |
| 2. You agree to have your temperature taken before entering IMSA and understand that you will NOT be admitted if you have a temperature of 100 degrees or higher.   | YES | NO |
| 3. To the best of your knowledge, are you violating any travel restrictions or quarantining requirements?   | YES | NO |
| 4. You agree to wear a mask covering your mouth and nose, and remain a minimum six feet apart of all participants (including test proctors) at all times.   | YES | NO |
| 5. You understand that IMSA has taken precautionary measures to help create a safe testing environment. However, it is not possible to entirely remove the risk of COVID-19 exposure.   | YES | NO |

Therefore, by entering IMSA and the testing location, you are accepting that risk.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**\*REMINDER: Bring this form with you to the SAT exam on Saturday, May 8, 2021, to be admitted for testing.**